Case 09-01767 Doc 56 Filed 02/09/12 Entered 02/09/12 16:43:15 Desc Main Document Page 1 of 5

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:	ALICIA WILCOXSON DAVIS Debtor(s)	\$\phi \phi \phi \phi \phi \phi \phi \phi	Case No.: 09-01767	
--------	-----------------------------------	---	--------------------	--

CHAPTER 13 STANDING TRUSTEE'S AMENDED FINAL REPORT AND ACCOUNT

Tom Vaughn, Chapter 13 Trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/22/2009.
- 2) This case was confirmed on 04/29/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
 - 5) The case was completed on 09/23/2010.
 - 6) Number of months from filing to the last payment: 20
 - 7) Number of months case was pending: 37
 - 8) Total value of assets abandoned by court order: NA
 - 9) Total value of assets exempted: \$ 56,800.00
 - 10) Amount of unsecured claims discharged without payment \$ 28,611.00
 - 11) All checks distributed by the trustee to this case have cleared the bank.

UST Form 101-13-FR-S(9/01/2009)

Case 09-01767 Doc 56 Filed 02/09/12 Entered 02/09/12 16:43:15 Desc Main Page 2 of 5 Document

Receipts:

Total paid by or on behalf of the debtor Less amount refunded to debtor \$ 17,974.00 \$ 1,347.71

NET RECEIPTS \$ 16,626.29 ______

Expenses of Administration:	
Attorney's Fees Paid through the Plan Court Costs Trustee Expenses and Compensation Other	\$ 3,400.00 \$.00 \$ 1,064.77 \$.00
TOTAL EXPENSES OF ADMINISTRATION	\$ 4,464.77
Attorney fees paid and disclosed by debtor	<u>\$ 100.00</u>

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. <u>Paid</u>
SANTANDER CONSUMER U	SECURED	2,700.00	2,679.90	2,679.90	2,679.90	71.17
CHRIST MEDICAL CENTE	UNSECURED	400.00	NA	NA	.00	.00
ADVOCATE CHRIST HOSP	OTHER	.00	NA	NA	.00	.00
AFFILIATED RADIOLOGI	UNSECURED	100.00	NA	NA	.00	.00
ALLSTATE PROPERTY &	UNSECURED	70.00	NA	NA	.00	.00
AMERICA SERVICING CO	OTHER	.00	NA	NA	.00	.00
AMERICASH LOANS LLC	UNSECURED	7,900.00	3,590.95	3,590.95	3,590.95	.00
APPLIED BANK	UNSECURED	1,500.00	1,365.39	1,365.39	1,365.39	.00
APPLIED CARD BANK	OTHER	.00	NA	NA	.00	.00
CLERK FIRST MUN DIV	OTHER	.00	NA	NA	.00	.00
APPLIED BANK	OTHER	.00	NA	NA	.00	.00
APPLIED CARD SYSTEMS	OTHER	.00	NA	NA	.00	.00
APPLIED CARD BANK	OTHER	.00	NA	NA	.00	.00
AURORA LOAN SERVICES	OTHER	.00	NA	NA	.00	.00
ECAST SETTLEMENT COR	UNSECURED	1,300.00	1,198.38	1,198.38	1,198.38	.00
CAPITAL ONE BANK	OTHER	.00	NA	NA	.00	.00
CAPITAL ONE	UNSECURED	2,700.00	2,597.91	2,597.91	2,597.91	.00
CAPITAL ONE	OTHER	.00	NA	NA	.00	.00
CLERK FIRST MUN DIV	OTHER	.00	NA	NA	.00	.00
CHRIST MEDICAL CENTE	UNSECURED	300.00	NA	NA	.00	.00
CITY OF CHICAGO WATE	UNSECURED	1,000.00	.00	.00	.00	.00
CITY OF CHICAGO MUNI	OTHER	.00	NA	NA	.00	.00
CLERK FIRST MUN DIV	OTHER	.00	NA	NA	.00	.00

Creditor Name	<u>Class</u>	Claim Scheduled	Claim Asserted	Claim Allowed	Principal _Paid	Int. <u>Paid</u>
CITY OF CHICAGO WATE	UNSECURED	2,700.00	NA	NA	.00	.00
CITY OF CHICAGO MUNI	OTHER	.00	NA	NA	.00	.00
CLERK FIRST MUN DIV	OTHER	.00	NA	NA	.00	.00
COOK COUNTY RECORDER	UNSECURED	50.00	NA	NA	.00	.00
COUNTRYWIDE HOME LOA	UNSECURED	1.00	NA	NA	.00	.00
COUNTRYWIDE HOME LOA	OTHER	.00	NA	NA	.00	.00
COUNTRYWIDE HOME LOA	OTHER	.00	NA	NA	.00	.00
DEPENDON COLLECTION	UNSECURED	700.00	NA	NA	.00	.00
DIRECT BRANDS DVD	UNSECURED	80.00	NA	NA	.00	.00
VERGREEN EMERGENCY	UNSECURED	450.00	NA	NA	.00	.00
FIRST AMERICAN INVES	UNSECURED	500.00	NA	NA	.00	.00
FIRST AMERICAN INVES	OTHER	.00	NA	NA	.00	.00
REMONT INVESTMENT A	OTHER	.00	NA	NA	.00	.00
ULLER FUND RAISERS	UNSECURED	300.00	NA	NA	.00	.00
HARVARD COLLECTION S	OTHER	.00	NA	NA	.00	.00
HIGH TECH MEDICAL	UNSECURED	60.00	NA	NA	.00	.00
LLINOIS COLLECTION	UNSECURED	300.00	NA	NA	.00	.00
NSURE ONE	UNSECURED	50.00	NA	NA	.00	.00
ACKSON PARK HOSPITA	UNSECURED	2,700.00	NA	NA	.00	.00
JACKSON PARK HOSPITA	OTHER	.00	NA	NA	.00	.00
AKEVIEW HEALTH SYST	UNSECURED	6,900.00	NA	NA	.00	.00
LAKEVIEW HEALTH SYST	OTHER	.00	NA	NA	.00	.00
LITTLE CO MARY HOSPI	UNSECURED	100.00	NA	NA	.00	.00
LITTLE COMPANY OF MA	OTHER	.00	NA	NA	.00	.00
PREMIUM ASSET RECOVE	UNSECURED	6,800.00	NA	NA	.00	.00
UEST DIAGNOSTIC	UNSECURED	200.00	NA	NA	.00	.00
RADIOLOGY IMAGING SP	UNSECURED	300.00	NA	NA	.00	.00
ADIOLOGY IMAGING SP	OTHER	.00	NA	NA	.00	.00
RUSH UNIVERSITY MEDI	UNSECURED	600.00	NA	NA	.00	.00
RUSH UNIVERSITY MEDI	OTHER	.00	NA	NA	.00	.00
RUSH UNIVERSITY	OTHER	.00	NA	NA	.00	.00
USH UNIVERSITY MEDI	UNSECURED	30.00	144.00	144.00	144.00	.00
AJM AQUISITIONS FUND	UNSECURED	30.00	28.07	28.07	28.07	.00
CCF BANK & SAVINGS	UNSECURED	800.00	NA	NA	.00	.00
TENDOLLARPAYDAYLOAN.	UNSECURED	450.00	NA	NA	.00	.00
RINITY HOSPITAL	UNSECURED	80.00	324.40	329.40	329.40	.00
RINITY HOSPITAL	OTHER	.00	NA	NA	.00	.00
NITED CREDIT UNION	UNSECURED	2,000.00	NA	NA	.00	.00
NIVERSITY HEAD & NE	UNSECURED	800.00	NA	NA	.00	.00
UNIVERSITY OF CHICAG	UNSECURED	50.00	NA	NA	.00	.00
UNIVERSITY OF CHICAG	UNSECURED	100.00	NA	NA	.00	.00
UNIVERSITY SURGEONS	UNSECURED	50.00	NA	NA	.00	.00
RA RECEIVABLES MANA	UNSECURED	350.00	56.35	56.35	56.35	.00

Case 09-01767 Doc 56 Filed 02/09/12 Entered 02/09/12 16:43:15 Desc Main Document Page 4 of 5

Scheduled Creditors:							
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal <u>Paid</u>	Int. <u>Paid</u>	
US CELLULAR	OTHER	.00	NA	NA	.00	.00	
WOMAN TO WOMAN HEALT	UNSECURED	700.00	NA	NA	.00	.00	
MEMORIAL MISSIONARY	OTHER	.00	NA	NA	.00	.00	
CITY OF CHICAGO DEPT	UNSECURED	NA	100.00	100.00	100.00	.00	
COUNTRYWIDE HOME LOA	SECURED	NA	.00	.00	.00	.00	
COUNTRYWIDE HOME LOA	SECURED	NA	.00	.00	.00	.00	
CITY OF CHICAGO WATE	SECURED	NA	1,061.22	.00	.00	.00	

Case 09-01767 Doc 56 Filed 02/09/12 Entered 02/09/12 16:43:15 Desc Main Document Page 5 of 5

Summary of Disbursements to Creditors:			
	Claim Allowed	Principal Paid	Int. Paid
Secured Payments:			
Mortgage Ongoing	.00	.00	.00
Mortgage Arrearage	.00	.00	.00
Debt Secured by Vehicle	2,679.90	2,679.90	71.17
All Other Secured			.00
TOTAL SECURED:	2,679.90	2,679.90	71.17
Priority Unsecured Payments:			
Domestic Support Arrearage	.00	.00	.00
Domestic Support Ongoing	.00	.00	.00
All Other Priority	.00	.00	.00
TOTAL PRIORITY:	.00	.00	.00
GENERAL UNSECURED PAYMENTS:	9,410.45	9,410.45	.00

<u>Disbursements:</u>		
Expenses of Administration Disbursements to Creditors	\$ 4,464.77 \$ 12,161.52	
TOTAL DISBURSEMENTS:	\$	16,626.29

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 02/09/2012 /s/ Tom Vaughn
Tom Vaughn, Chapter 13 Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R § 1320. 4(a)(2) applies.